Souls of Black Men

African American Men Discuss Mental Health

The Black Mental Health Alliance for Education and Consultation, Inc., invited a group of African American men to share their thoughts and experiences with regard to mental health. This fact sheet represents their voices – uncensored and unscripted. What they have to say is honest, heartfelt, and at times, unsettling. More important, their voices are ones that, taken together, are incredibly strong and courageous. Their comments point to the deep rooted, systemic issues that underlie the mental health problems faced by African American men. These problems related to the social environment, to the availability of services, and the way treatment is offered can no longer be ignored.

Mental health is a taboo subject for African American men. In general, there is strong stigma associated with mental health problems and illnesses. Issues related to culture, masculinity, and the socio-political environment keeps men (and others) from tackling problems related to mental health.

"We are not supposed to seek help for our mental illness."

"There is still a lot of stereotyping of black men in all of the medical professions."

"We have a problem asking for help-especially from folks who we think are the reasons for our mental illness."

"We are responsible for our mental health, but we need help and support."

"No Black Man in America is ever mentally healthy."

"Who really, really gives a damn about the Black man in America?"

Scope of the Problem

More than one in four adults experience a mental health or substance abuse disorder in any given year. Yet only a small percentage of those affected will be properly diagnosed and treated for their disorder. For African American men and their families, the consequences of neglected mental health needs are devastating —

- 7% of African American men will develop depression during their lifetime-this is likely to be an underestimate due to lack of screening and treatment services.
- African American men have death rates that are at least twice as high as those for women for suicide, cirrhosis of the liver, and homicide.
- From 1980 to 1995, the suicide rate for African American male youth (ages 15-19) increased by 146%. Among African American males aged 15-19 years, firearms were used in 72% of suicides, while strangulation was used in 20% of suicides.
- For African American men, especially in urban areas, the abuse of alcohol and its consequences appear more grave when compared to statistics for white men, white women or African American women.

Finding care that is affordable, respectful, and accessible is a major challenge for African American men. There is a dearth of providers of color and culturally competent providers. Lack of insurance coverage and inadequate means of financing care often leads men to forego care.

"After they told me, in their way, that I had a mental disorder (after one session) and after only one conversation, I never went back. They didn't care and neither did I."

"If they don't try to understand you and to step into your shoes, they can never get the diagnosis right. I really felt rejected and unworthy of help and support."





- African Americans account for approximately 12% of the population, but they account for only 2% of psychiatrists, 2% of psychologists and 4% of social workers.
- Only 1/3 of all Americans with a mental disorder get care. The percent of African Americans receiving care is half that of non-Hispanic Whites.
- African Americans are less likely to be treated with medications, especially newer medications that have lesser side effects, than Whites. When they do receive medications, they often receive higher dosages leading to more severe side effects.

The cost of mental disorders extends beyond the individual to his family, community and ultimately society. With appropriate outreach and treatment, these financial and non-financial costs are avoidable.

- The burden of mental disorders, specifically depression costs \$43 billion annually. Absenteeism and lost productivity in the work place cost \$23 billion per year.
- When mental disorders aren't treated, African American men are more vulnerable to incarceration, homelessness, substance abuse, homicide and suicide.

What's Behind the Problem

Besides the physical factors that contribute to mental disorders are a host of social factors that create a negative environment for African American men. On a daily basis, the black man has to deal with racism, inequality, and economic oppression while trying to care for himself and his family. Dealing with this harsh reality can lead to increased depression, frustration, low self-esteem, and feelings of hopelessness. This reality must be changed.

"Racism has caused many of us to believe we don't count and that our needs are not important."

"Even when we do everything right and play by all of the rules, we still don't get the respect we deserve, and that is very, very stressful."

"How would you feel if you thought everyone around you was afraid of you, or thought you were getting ready to do something illegal?"

"In this society, the Black man feels he can never rest, he can never relax, or just be himself."

"Many of us have developed a 'What difference does it make' attitude. Racism has forced a lot of Black men to sit on top of their pain. They feel there are very few outlets to share their feelings of frustration with the system."

"When we (Black men) don't feel we can provide for our families or protect our children, we feel worthless, depressed and we begin to turn on each other. This society only values what you do and not who you are."

"In this society, many of us feel alone.
Who can we turn to?"

- African American men with higher earnings and higher education are less at risk for depression. Black males who report no earnings have increased susceptibility for depression.
- Poverty, racism and the impact of past trauma (particularly violence) are the primary contributing factors to the mental health disorders of young African American men.
- Young blacks are more likely to commit suicide after an altercation or perceived victimization by institutional authorities such as the police, criminal justice system, school officials, landlord or welfare department.
- Among African Americans, especially males, the possibility of "being someone", making a significant contribution to society, and attaining basic respect and self esteem is seldom a reality, predisposing them to suicidal and homicidal acts of destruction.

Healing

Individuals who are fortunate find a way toward healing and treating their mental disorders. Ultimately, it must become a right of every individual to be able to access the services and care so that he may be able to fulfill his destiny and to be able to contribute fully to his family and his community.

- "I had no choice. It was a life or death situation."
- "I thought about my children and made a decision to seek treatment."
- "I wanted to feel like I could overcome something on my own."

Prevention

Early intervention is critical. Outreach must be tailored specifically for African American men and health education must be delivered by trusted messengers.

- Develop and support mental health promotion/intervention initiatives that are specifically geared to African American males.
- Develop early intervention strategies for men who are vulnerable to environmental and psychosocial factors that predispose them to self-destructive behaviors.
- Suicide prevention efforts should be evidence-based and comprehensive enough to address the complex dynamics of suicidal behaviors.

Community and Provider Education/Service Delivery

Mental health services that treat African American men with understanding, respect, and dignity are important to ensuring their health. Providing mental health services requires all segments of community to become involved (e.g., faith-based institutions, behavioral health agencies, and the criminal justice system).

- "The treatment center was very black male friendly."
- "More men support groups are needed to help men with the healing process."
- "There needs to be a serious media education and awareness campaign about mental health just for Black men."
- "We need a good list of Black mental health professionals who understand the plight of Black men in this country and who will not prejudge us, but who will listen to our pain and feelings of frustration."

- "We need more opportunities to express ourselves openly without feeling like we will be perceived as being weak."
- "More sensitive mental health counselors and folks who are sincere and who are not quick to judge Black men."
- "We need a watchdog organization to help determine which services for treating Black men are the best and most effective."
- Conduct stigma awareness training at faith institutions, community organizations, and primary care settings.
- Educate providers on the identification, diagnosis and treatment of mental health issues for African American men.
- Support academic-community partnerships that focus on making academic health training and the delivery of health services culturally competent.
- Increase awareness of connections between chronic diseases and mental health.
- Improve referral and follow up mechanisms from the criminal justice system to community-based organizations, mental health facilities and substance abuse treatment systems.
- Formal and informal systems of help must be created that will provide Black men with opportunities to congregate and talk over problems they feel they cannot mention to most people.
- Black institutions, community leaders and health professionals must encourage and promote participation and involvement of Black men in both traditional and non-traditional institutional structures, groups and relationships (i.e., churches, family activities, fraternities, health retreats, group therapy, etc) within the African American community that may offer cooperative and self-help approaches to stressful situations.

Policies

In order to improve the health of African American men, the entire community must become more involved in the political process. Policies and programs are developed as a result of public pressures in this society.

- African American men must make community, state and federal officials aware of their unique mental health issues (e.g. barriers to mental health services) by participating and testifying at public hearings, demanding support from public health agencies and writing to their elected officials and media.
- Community-based prevention efforts targeted towards reducing destructive behavior, such as drug or alcohol abuse, must be supported.
- Institutional and individual racism must be recognized and addressed.
- Policies that bring about social justice and promote equity and equality must be supported and enforced to allow African American men (and indeed all individuals) the opportunity to fully care for themselves and their families.

Research

Data and information is needed at both the local and national level so that evidenced-based interventions and treatment can be provided.

- Increase the representation of people of color in the fields of suicidology and epidemiology in order to develop more effective interventions.
- Strengthen the evaluation of mental health promotion projects for appropriateness, impact and effectiveness.
- Give more attention to the expression of mental disorders in African American men in order to develop
 the knowledge and skills necessary to understand
 and treat these symptoms.
- Support mentoring initiatives that offer young men, social support, high self esteem and employment/ educational opportunities.
- Fund research to increase our understanding of suicidal behavior among young African American men to develop a more comprehensive profile of those at high risk for early intervention.

"We need to get to [reach] more young Black boys before they become men, and help them work through a lot of 'stuff' and feelings of isolation."

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Authors: Tracee E. Bryant, MPH, CHES, Black Mental Health Alliance for Education and Consultation, Inc, Marguerite Ro, MPH, DrPH, Columbia University, Richard A. Rowe, MPA, The African American Male Leadership Institute, Inc.

Black Mental Health Alliance for Education and Consultation, Inc.

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